

BOROUGH OF



COLCHESTER

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

JOHN D. KERSHAW

M.D., B.S., London ; M.R.C.S., England :
L.R.C.P., London, D.P.H.

MEDICAL OFFICER OF HEALTH

PORT MEDICAL OFFICER

DIVISIONAL SCHOOL MEDICAL OFFICER

AREA MEDICAL OFFICER

CONSULTANT IN INFECTIOUS DISEASES
MYLAND HOSPITAL, COLCHESTER

1962

BOROUGH OF



COLCHESTER

BOROUGH AND PORT HEALTH COMMITTEE, 1962

THE RIGHT WORSHIPFUL THE MAYOR
COUNCILLOR W. J. PORTER (from May)

Chairman :

ALDERMAN C. E. CHILD

Deputy-Chairman :

COUNCILLOR BRIGADIER D. F. PANTON, C.B.E.

Members :

ALDERMAN MISS K. E. SANDERS, A.R.R.C., J.P.

COUNCILLOR I. T. BROWN

COUNCILLOR C. W. PELL (to May)

ALDERMAN W. C. LEE

COUNCILLOR W. E. SANDFORD (to May)

COUNCILLOR MRS. A. M. SMITH

COUNCILLOR T. A. TOBIN (from May)

COUNCILLOR J. R. WHEELER (from May)

PART-TIME STAFF

Medical Officer of Health, etc. :

JOHN D. KERSHAW, M.D., B.S.(LOND.), D.P.H.

Assistant Medical Officers :

R. E. BARRETT, M.B., B.S., D.T.M.&H., D.P.H. (LOND).

ANN B. CLARK, M.R.C.S., L.R.C.P.

Public Analyst :

J. E. WOODHEAD, B.SC., F.I.C., PH.C.

WHOLE-TIME STAFF

Senior Public Health Inspector :

†* L. H. ENGLAND

Deputy Senior Public Health Inspector :

†* O. R. WARNER

Additional Public Health Inspectors:

†* C. J. JACOBI

†* E. R. SWIFT

†* P. CUTTS

† J. E. JOHNSTONE (from 1-12-62)

† Public Health Inspector's Certificate.

* Meat Inspector's Certificate.

Clerk-trainee Inspector :

M. J. KING

Clerks :

R. D. SARGEANT, A.C.C.S.

L. G. NICHOLLS

D. R. McQUIGGAN
(from 12-2-62)

Disinfector :

A. E. CUDMORE

Rodent Operator :

W. I. HAWKINS

A. J. SMITH (from 12-2-62)

Telephone No.
Colchester 5101, Extns. 8 and 73
(Night Line 73107)
Health Delegated Services
Colchester 6251

HEALTH DEPARTMENT,
TRINITY STREET,
COLCHESTER.
16th October, 1963.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report for the year 1962.

Vital Statistics

Both the total number of live births and the birth rate are higher than in 1961 and the birth rate is higher than the national average. The infant mortality rate, however, is for once in a way above the national average. The difference lies largely in the neonatal rate — deaths during the first month of life; children who survived that first month did better in Colchester than the average. We enquire into all infant deaths and I would not be prepared to say that any of the fifteen neonatal deaths was in practice preventable. There is a considerable gap between the wisdom which comes from hindsight and the anticipation of trouble, but the plain fact of the matter is that some of these deaths are inevitable in the present state of knowledge and that until the subject has had a good deal of further study it will be impossible to prevent them.

After five consecutive years without a maternal death, one mother died in consequence of childbirth in 1962. Investigation showed that there was no failure of medical care and forethought. It is in this field that there have been the most spectacular advances since the nineteen-thirties. Before 1939 we considered ourselves fortunate if not more than three women per thousand died in or because of childbirth; in the last six years we have lost only one in some six thousand births.

The overall death rate is lower than last year's corrected figure and below the national average, in spite of the fact that we continue to have a higher-than-average proportion of old people in the population. One Colchester resident had actually reached the age of 110 before he died. This, so far as we know, is a record for the borough, the previous oldest resident being a woman who died at 105.

Causes of death showed the trends which have been noted during several years past, with increases in coronary heart disease and in cancer of the lungs, bronchi and uterus.

Infectious Diseases

The incidence of infectious disease was on the whole light. More than half the total number of notifications arose from an outbreak of Sonne dysentery, a disease which is usually mild in character, although it can be really dangerous to the very young and the old. The infection started among the families of service men and since there was some unexplained delay in the notification of the first cases the outbreak was beginning to spread before we had enough information on which to take action. In the event we were able to keep it

within bounds and there was comparatively little spread to civilian households; 131 of the 179 cases occurred in service families. The Lomax child minding centre was certainly a focus of infection and its closing by the military authorities on our advice was probably the turning point. If this kind of infection gets into any nursery there is risk of spread and if the nursery is one which falls below desirable standards, whether in physical facilities or in the number and quality of the staff, that risk is much increased. This emphasises the importance of the local authorities keeping a watch on establishments of this kind and insisting on adequate standards as a condition of registration. One of the Council's own nurseries and one county infant school became involved but being forewarned we were able to hold the infection within bounds.

Another episode of infectious disease put Colchester temporarily "in the news" on a national scale. In November, a member of the staff of the technical college was taken suddenly ill and died within a few days. About the same time, two girl students collapsed and were admitted to the Essex County Hospital with suspected poisoning by chemical fumes. The diagnosis was not confirmed, but their symptoms, which included headache and drowsiness, persisted. When a post-mortem examination on the staff member showed signs suggestive of encephalitis, it was suspected that the girls, too, might be suffering from that disease. Prolonged investigations eventually ruled out encephalitis in the dead patient but the girls undoubtedly had it. It is a disease with many causes and many forms and laboratory tests on the blood and stools, though sometimes helpful, are often inconclusive. In this particular instance it seemed most probable that both girls had encephalitis lethargica — the very uncommon so-called "sleepy sickness" — though not in a severe form. They had not been in contact with the dead staff member and no other suggestive cases occurred in the college. A further case of encephalitis which occurred in an adult who had had some contact with one of the girls in her home was probably not of the lethargica type.

Vaccination and Immunisation

Colchester escaped the smallpox which produced epidemics in Yorkshire, the Birmingham area and South Wales, but it certainly did not escape the repercussions of the epidemics ! The number of smallpox vaccinations during the year, mostly performed during the epidemic period, reached the phenomenal height of 4,313 primary vaccinations and 5,042 revaccinations, producing, so far as I can tell, an all-time record for the borough. Our archives are not complete in this respect, since the present system which has resulted in nearly all vaccinations being notified has not been in existence for many years, but a few figures from past history make an interesting comparison. At the turn of the century vaccination was virtually confined to infants and was technically compulsory, though parents with a conscientious objection could refuse it. In the seven years 1895 – 1901 nearly 7,000 babies were born (with our present considerably larger population we average only some 1,200 babies a year) and of

these 7,000 some 4,200 were vaccinated in the first year of life. A 67% rate of infant vaccination is far higher than any town expects to achieve these days, yet even so the number of vaccinations per year was only in the region of 600, a figure comparable with our all-age vaccination rate in recent years.

Not since 1903 has Colchester had a smallpox outbreak of its own. In that year there were eight cases in the crowded Vineyard St. area and an effort was made to get people in the vicinity to accept vaccination as a protection. In total 180 people were vaccinated in six weeks. Public awareness or public apprehension seems to have changed somewhat since those days.

It is not too much to say that mass communications media — the press, television and sound radio — produced a mass panic and with scores of thousands of people all over the country, most of whom were not exposed to the slightest risk, clamouring urgently and simultaneously for vaccination the stock of lymph in hand could not come near to meeting the demand quickly. We did what we could to give priority to those who might actually be at risk and to those who, like hospital staffs, would be the first to be exposed if any cases should occur, but it was far from easy. Some of the grounds on which people claimed priority were quite ridiculous — for example an individual who had a friend who might have to go to some place in Yorkshire! Others, somewhat less tenuous, still had little substance in fact, like the industrial concern which wanted all its staff vaccinated in case someone in Yorkshire might send an article for repair or servicing. At one stage we were unable to get lymph quickly for people who might be at genuine risk but we heard of large organisations with no risk grounds at all which had succeeded somehow in obtaining large supplies for their staffs.

There is an old Scottish saying which runs "He who will not when he may, when he will he shall have nay". Vaccination has been available to the public continuously for a good many years and if people had taken advantage of it there would have been no panic rush and no disappointments. And, of course, if the 62 British people who contracted smallpox in the 1962 outbreaks had been recently vaccinated they would have escaped either entirely unscathed or with very minor illness.

The present is a useful occasion on which to try to set out simply the case for vaccination. In the nineteen-thirties, when sea travel was the rule, it took a fortnight or more for travellers to get to this country from the parts of the world where smallpox is prevalent. Since the disease takes a fortnight to develop it was virtually certain that anyone infected before starting his journey would be detected and isolated before he could land in Britain; this was the main reason why smallpox was almost unknown here — and, of course, the reason why people grew casual and careless about vaccination. Today, with air travel common, a person can be infected in Karachi, reach England in 24 hours and wander about the country for several days before the disease is diagnosed and during some of those days

he may be highly infectious. Again, more and more Britons are travelling abroad for business or pleasure and going farther than they used to, often reaching countries where the risk of smallpox is very real.

Vaccination gives a high degree of protection for a year and a lesser, but worth-while, protection for a further two years. Whether there is smallpox in this country or not, it is highly advisable for all hospital staffs and all people who are likely to travel farther abroad than the nearer parts of Europe to get themselves vaccinated at least every three years.

Vaccination, however, may be uncomfortable and occasionally has serious side-effects and complications. This is most likely to happen in someone who is being vaccinated for the first time after reaching adult years. It is most uncommon in someone being vaccinated for the second or subsequent time at any age. Since nobody knows in childhood whether a particular infant will grow up to be a traveller or may need vaccination for other reasons, the wise parent will see to it that his children are vaccinated at that stage in early childhood when there is least risk of a severe reaction or complications and all the evidence points to the fact that the best and safest time is during the second year of life.

An unfortunate but inevitable result of the heavy demand for smallpox vaccination was that other immunisation procedures suffered. This was partly due to the fact that some parents feel that if they get the most urgent things done the less urgent ones can wait but due considerably more to the pressure on the time and energies of both our own medical staff and the general practitioners of the area. Less immunisation against whooping-cough and diphtheria was carried out and the number of courses of primary vaccination against poliomyelitis dropped to about a third of the previous year's figure. The picture would have been worse if it had not been for the introduction of the new Sabin vaccine during the year. Given orally, this makes less demand on medical and nursing man-power, though it still keeps the administrative and clerical staff at full stretch, for the maintenance of records remains important. In theory, it promises to give longer-lasting immunity than the Salk vaccine and should make our long-term task rather less.

Housing

The number of closing and demolition orders made is smaller than in 1961 and 1962 and comparable with the average of the years immediately before 1961. There are several reasons for this. One is undoubtedly that in 1961 and 1962 we were dealing with the last of the worst houses which had been disclosed by our surveys; another is that whatever may have been the ill effects of rent decontrol — and there are many — it has again become a practical proposition for landlords to spend money on repairs to "borderline" houses and thus keep them tolerably fit for occupation for a while longer. The situation is also being affected by something which has nothing to do with the health department, namely the purchase by the

Corporation of certain houses in connection with road traffic improvement schemes. Often these have been ageing houses nearly but not quite ripe for demolition, or single owner-occupied dwellings in fair condition in the middle of terraces of really decrepit houses, whose existence has made it difficult for us to deal with the block as a whole. It is historically interesting to be reminded that there was a time when vines grew and wines were made in Colchester, but few people will shed many tears over the passing of Vineyard St. ! When so many amenities are being sacrificed in the interests of the motor car there is some consolation in knowing that it is also contributing to the solution of our slum clearance problems.

My reference last year to "houses in multiple occupation" attracted a certain amount of notice in various quarters and the consequent publicity was not unhelpful. To date the results of the department's survey of such premises seems to be bearing out my forecast that we should not find many of the worst sort but that there would be enough to justify action. Some of these houses are providing quite good-quality accommodation which well meets the need of single people who are in the town as workers or students, or of young married couples waiting for a house of their own but as yet having no children. At the other extreme there are some deplorable places which are slums by any standards and whose owners are people with an eye only to the main chance. In between, a large proportion of the houses we are finding to be in multiple accommodation are capable of being made quite tolerable by reducing the number of families in them, increasing the sanitary, washing and cooking facilities or by combining both these measures. Among the owners of these last are some who are intent chiefly on turning a quick penny and some who genuinely want to give their tenants value for money but do not appreciate modern standards. The survey is certainly showing that there is a need for powers and for enforceable standards and the health committee has recently given its approval to a basic code of standards to which we propose to work.

The fact remains, however, that most people want and need well designed and well-built separate dwellings, whether houses or flats and that sharing accommodation and facilities, however good the accommodation and facilities may be, is a second-rate and makeshift way of living which is damaging to both health and happiness. It is no comfort to a M.O.H. to read that the number of people on the borough housing list is still as great as it was a year ago. Slums and bad landlordism thrive on a shortage of houses to rent at prices within the reach of working-class pockets. We have not enough houses to go round at present, but the population of the town is steadily rising and the imminent coming of the University will further increase the demand. The case for an increase in the number of houses built by the council is indeed a strong one.

Food Hygiene

In previous reports I have referred from time to time to a fish shop in the town centre, owned by a large multiple firm, which

since 1956 had been the subject of criticism because of the way in which it exposed its wares to the dust of the street. The firm's reasons for not fitting refrigerated display cabinets, etc. were that they were simultaneously looking for other premises and proposing to modernise the existing ones; in 1960 they said that their modernisation programme was to be completed by the end of 1962. In the event, they have neither found new premises in the town nor modernised the old ones, but the shop has been closed and a somewhat depressing serial story has ended.

Liquid egg, a food hazard which I first mentioned in 1960, has remained under our scrutiny. The number of samples taken in 1962 was nearly twice as great as in 1961 and twelve (as against ten in the previous year) contained salmonella typhi murium; all liquid egg produced on the days on which adverse samples were found was pasteurised. The organism which was found is one which can cause food poisoning. Infection with it can be dangerous to young babies but is not usually the cause of severe illness in adults. It is, however, a particularly stubborn organism to eliminate from the body and even after a mild attack a patient can be a carrier and a source of risk to others for a matter of many months. Anything that can be done to control it is worth doing and I am glad to say that there seems a fair prospect of compulsory pasteurisation for all liquid egg products being introduced in the near future.

Services for the Elderly

The meals on wheels service has, as I indicated in my last report, been expanded to provide some meals in the northern part of the town, but it seems as if there will now be a pause before we can effect any further expansion. In this service we have to get the food cooked and then deliver it hot to the people who are going to eat it. From the cooking point of view there would be much to be said for a central kitchen, but the more meals we cook in the centre of the town the more difficult and complicated becomes the task of getting them to the recipients, many of whom live well outside the centre. By enlisting the help of works canteens we have shortened the delivery distance in the parts of the town near to them, but the practicable amount of provision is restricted not only by what the canteens can make available but by the fact that it is almost impossible for meals cooked in a canteen on the north side of the town to be delivered to old people living on the southern outskirts. In other words, our present practice can work only in those parts of the town which are lucky enough to contain a factory with a canteen.

It has been suggested that we might make use of school kitchens for other districts and the point is certainly worth considering, though school diets might not always be acceptable to the elderly and, of course, the school kitchens would be unable to help during the holidays. The matter remains worth exploring and might well be discussed after the delegation of education services. But we cannot entirely rule out the provision of a central kitchen as a partial

source of supply. I do not think that such a kitchen would be economically justifiable in isolation but it could be included in an "all day centre" for the elderly if one were provided.

The setting up of such a centre is already under consideration by the health committee. Basically, the idea is that it should consist of "club" premises somewhere near the middle of the town which would provide lounge, reading room, recreation room, etc. and would also serve a midday meal at cost price. It would not replace existing old people's clubs but could provide a useful supplement to them and would be open to people who, as many do, wanted occasional opportunities of congenial company but preferred not to join a formal club. If it were suitably situated it could be a great boon to some old people who live in the suburbs or the surrounding villages but who come into the main streets to shop and would appreciate a comfortable place in which to rest while they wait for a bus with the opportunity also of a meal or snack according to the time of day. Exactly how and where one finds suitable premises at a reasonable rent near the town centre I have not yet discovered. The demand for business premises is so great that anything which falls vacant is quickly snapped up at a rent beyond our means. When the new clinic and office block is completed the present Trinity Street health office premises will be vacant and, though not ideal, might be adapted for this purpose. That, however, is not likely to happen within the next three years and in the meantime I would like to see some small-scale start, if only on an experimental basis.

We are not, I regret to record, yet able to provide the soiled laundry service which we had hoped to set up. The question of the preparatory treatment of the soiled linen before delivery remains unanswered; though both the Colchester and Severalls Hospital Groups were prepared to be co-operative, the Regional Hospital Board was unable to sanction certain proposals which were made. There are, however, hospital laundries within the Region which accept such linen without preparatory treatment and I am not yet beyond hope of reaching a solution in one way or another. Meanwhile we are providing, through the delegated health services, absorbent pads for incontinent patients in their own homes and this, though not a complete substitute for a laundry service, is a worthwhile makeshift.

At the time of writing I am glad to know that another project to which I have referred in previous reports is materialising; the Borough as housing authority is at last building flatlets for old people and is planning this provision on a generous scale, both in the quantity and in the quality of the accommodation. The delay has been due to practical problems rather than to any absence of goodwill and I have no doubt that the new flatlets will prove to have been worth waiting for.

General

The spirit of co-operation on which I have commented in previous years remains strong. Increasingly the health department is working closely with voluntary bodies in the town, ranging from the Old People's Welfare Committee and the W.V.S. to such specialised organisations as the Marriage Guidance Council. I believe it to be part of the department's duty to share in voluntary as well as official work but I must none the less thank those members of the staff who give up a substantial part of their spare time to these activities. My colleagues and I continue grateful to the officers of other departments and, of course, to the members of the Borough and Port Health Committee for their firm support.

I remain, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

JOHN D. KERSHAW,

Medical Officer of Health, etc.

Report of the Medical Officer of Health for the year 1962

A Report as directed by Circular 1/63 of the Ministry of Health

STATISTICAL SUMMARY

Population (R.G. Estimate) with Military (at 30/6/62)	67,010
(Census 1961, 65,080)	
Total dwellings: Occupied 19,825, Vacant 406	20,231 (Census)
Area	12,037 acres
Rateable Value (1/4/62)	£910,508
Product of a penny rate	£3,723 4s. 9d.
Birth Rate (1,156 legitimate births, 72 illegitimate)	
(Corrected)	18·5
(Crude)	18·32
„ „ England and Wales	18·0
Illegitimate Birth Rate per 1,000 live births ..	58·6
England and Wales	66·0
Stillbirths (12) Rate per thousand live and stillbirths	9·7
England and Wales	18·1
Infantile mortality rate per 1,000 related live births—	
Legitimate (26 deaths), 22·5. Illegitimate (2 deaths), 27·7. Total (28 deaths)	22·8
Infantile Mortality Rate, England and Wales ..	20·7
Neonatal Death Rate (23 deaths)	18·73
Neonatal Death Rate, England and Wales ..	15·1
Death Rate per 1,000 of the population (Corrected)	10·91
(Crude)	12·4
„ „ England and Wales	11·9
Percentage of total deaths occurring in Public Institutions	60·4
Women dying in, or in consequence of, childbirth	1
Pulmonary Tuberculosis Death Rate	0·03
Other Tuberculosis Diseases Death Rate	0·00
Cancer Death Rate	2·2

DEATHS OF CIVILIAN RESIDENTS, 1962

<i>Cause of Death.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Respiratory Tuberculosis	2	—	2
Syphilitic Disease	1	—	1
Cancer, Stomach	10	8	18
„ Lung, Bronchus	30	9	39
„ Breast	—	11	11
„ Uterus	—	8	8
„ Other sites	36	35	71
Leukæmia	—	1	1
Diabetes	1	6	7
Vascular Lesions, Nervous System ..	46	68	114
Coronary Disease, Angina	95	75	170
Hypertension with Heart Disease.. ..	3	6	9
Other Heart Disease	40	44	84
Other Circulatory Disease	15	26	41
Influenza	2	—	2
Pneumonia	23	26	49
Bronchitis	17	45	62
Other Respiratory Diseases	3	7	10
Ulcer of Stomach and Duodenum ..	11	4	15
Gastritis, Enteritis and Diarrhœa ..	2	1	3
Nephritis and Nephrosis	6	4	10
Hyperplasia of Prostate	4	—	4
Pregnancy Complication	—	1	1
Congenital Malformations	4	2	6
Other defined diseases	44	38	82
Motor Vehicle Accidents	6	2	8
All other Accidents.. .. .	5	8	13
Suicide	5	4	9
	408	423	831

1962. DEATHS OF COLCHESTER RESIDENTS OVER 70 YEARS OF AGE

	Aged 70 and under 80	Aged 80 and under 90	Aged 90 and over	Total
Male	132	71	10	213
Female ..	135	119	27	281
Total	267	190	37	494

Thirteen persons were aged 90, seven aged 91, seven aged 92, one aged 93, four aged 94, one aged 95, two aged 96, one aged 97, and one aged 110. The oldest person was a male.

LABORATORY, 1962

Specimen and Examination.	Positive.	Negative.	Total.
Urine, abnormalities	10	412	422

Three articles of food were examined for presence of foreign bodies.

In addition 3 samples of water were bacteriologically examined.

Two samples of well water were submitted to the County's Public Health Laboratory for chemical analysis. The result of one was regarded as showing a wholesome water but not of a very high standard. The other was considered satisfactory, and of a very high standard.

One sample was sent for an accurate check of the pH value.

Examinations by the Public Health Laboratory Service (Ipswich) numbered 14 Bacteriological (12 satisfactory and 2 unsatisfactory).

NURSING HOMES

General and surgical beds available are 14.

There are two Homes registered in the Borough.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

Notifiable Diseases (other than Tuberculosis) during the
Year 1962

(Civilian and Military Cases)

Disease	Total Cases Notified	Total Cases in Age Groups											Cases admitted to Hospital	
		Under 1 Year	1	2	3	4	5-9	10-14	15-19	20-34	35-44	45-64		65 and Over
Measles	44	5	5	4	6	6	16	1	—	—	—	—	1	4
Malaria	2	—	—	—	—	—	—	—	—	2	—	—	—	2
Pneumonia .. .	15	—	1	1	1	—	3	—	1	2	1	1	4	1
Dysentery .. .	179	18	25	21	29	18	27	9	1	23	6	1	1	12
Puerperal														
Pyrexia	11	—	—	—	—	—	—	—	3	7	1	—	—	—
Erysipelas.. .	5	—	—	—	—	—	—	—	—	—	1	2	2	—
Scarlet Fever ..	34	—	—	1	4	5	19	4	—	—	1	—	—	1
Infectious														
Hepatitis .. .	6	—	—	—	—	1	2	—	—	3	—	—	—	1
Whooping Cough	8	1	2	1	—	—	4	—	—	—	—	—	—	2
Acute														
Encephalitis	4	—	—	—	—	—	1	—	2	—	—	1	—	4
Totals ..	308	24	33	28	40	30	72	14	7	37	10	5	8	27

Deaths from notified diseases: Pneumonia 3.

Deaths from unnotified diseases: Pneumonia 16. Acute Encephalitis 1.

Total deaths from infectious diseases: 20.

Percentage of cases treated in Hospital: 8.8 per cent.

During the year 70 cases of various diseases and illnesses were treated in the Isolation Hospital from the Borough of Colchester, as can be seen from the table given below:

Gastro-enteritis	12	Seborrhoea	1
Rubella	11	Bronchitis	1
Sonne Dysentery	7	Allergy	1
Mumps	6	Intestinal obstruction ..	1
Observation	5	Fibrocystic disease ..	1
Virus infection	4	Glandular Fever	1
Encephalitis	3	Herpes Zoster	1
Feeding problem	2	Infective Hepatitis ..	1
Measles	2	Upper Respiratory Infection ..	1
Diphtheria	1	and napkin dermatitis ..	1
Scarlet Fever	1	Dehydration and chronic	
Paratyphoid Fever	1	diarrhoea (excision carci-	
Whooping Cough	1	noma rectum)	1 (died)
Pneumonia	1	Subacute bacterial endo-	
Enlarged Thymus	1	carditis	1 (died)
Septic Tonsils	1		

Tuberculosis

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 .. ..	..	..	..	..	..	..	..	..
1 .. ..	..	..	..	..	..	..	..	..
2-4 .. ..	..	1	..	..	..	..	..	..
5-9 .. ..	..	..	..	..	..	..	..	..
10-14.. ..	..	..	..	..	..	..	..	..
15-19.. ..	..	..	..	..	..	..	..	..
20-24.. ..	..	1	..	..	..	..	..	..
25-34.. ..	..	..	..	..	..	..	..	..
35-44.. ..	2	2	..	..	..	..	..	..
45-54.. ..	2	2	..	..	..	..	..	..
55-64.. ..	2	..	..	..	2	..	..	..
65 and upwards	..	..	..	..	..	..	..	..
Totals	6	6	..	..	2	..	..	..

Cases of Tuberculosis dying unnotified—1.

Tuberculosis Register

	1959	1960	1961	1962
Pulmonary Cases	331	332	326	332
Other Forms of Tuberculosis ..	32	33	27	27

Prevention and Treatment of Blindness.

Section 176, Public Health Act, 1936.

National Assistance Act, 1948.

Section 47.

No action was required under the above powers.

CREMATIONS, 1962

<i>Died in Month</i>	<i>Total</i>	<i>Resi- dents</i>	<i>Non- Resi- dents</i>	<i>Form F Signed by</i>		
				<i>Dr. Kershaw</i>	<i>Dr. Alderton</i>	<i>Dr. Barrett</i>
January ..	112	34	78	72	—	40
February ..	102	34	68	91	—	11
March ..	96	15	81	70	3	23
April ..	79	21	58	49	9	21
May ..	85	18	67	44	2	39
June ..	75	16	59	33	12	30
July ..	82	22	60	71	2	9
August ..	72	23	49	59	—	13
September ..	82	16	66	66	—	22
October ..	111	33	78	95	—	16
November ..	114	29	75	86	2	16
December ..	113	30	83	98	—	15
Totals ..	1,113	291	822	828	30	255

Essex 1,062, Suffolk 34, London 4, Other Areas 13—Total 1,113.

Coroner's Cases:	January 9	April 9	July 9	October 17
122	February 12	May 7	August 7	November 10
	March 12	June 7	September 6	December 17

Home Office Authorisation (Death at Sea) 1

Essex County Council Act, 1933.

Six establishments are registered under the above Act for massage or special treatment.

PET ANIMALS ACT, 1951

Four sets of premises were registered during the year.

HOUSING APPLICATIONS, 1962

Number of applications accepted for re-housing supported by medical certificates	107
Number of such cases re-housed during year	124

MEDICAL EXAMINATIONS OF BOROUGH AND WATER BOARD EMPLOYEES FOR SUPERANNUATION OR FOR ROAD TRAFFIC ACT PURPOSES DURING 1962

Primary Examinations	.. ..	108 passed, 1 failed
Examinations after absences	.. ..	5
Examinations for other authorities	.. ..	6

SANITARY CIRCUMSTANCES OF THE AREA

One new cesspool was constructed by the Borough Engineer's Department during the year, and also one new well.

Water.

In year ended 31-3-62 a total of 2,750 yards of mains up to 8" diameter were laid in the Borough and 230 yards of 4" diameter were removed. In the same period 135 houses were connected to the main supply.

During the past year there have been a few more unsatisfactory bacteriological samples from Lexden springs despite the measures taken by the Borough to prevent the overflow of sewage from the Halstead Road sewer. Chemical analysis indicated a fairly high and consistent level of pollution though natural removal of bacteria was remarkably effective.

Investigations carried out in conjunction with the Borough Council by the Colchester & District Water Board revealed a broken sewer near the Lexden roundabout which might have contributed to this trouble but was unlikely to have been the whole cause. There was also an indication that leakage was occurring from the Lexden and Winstree Rural District Council's sewers in Halstead Road and that Council is now carrying out further investigations and remedial measures.

The numbers of coliform organisms detected have always been comparatively small and on no occasion have they been found in the water after chlorination. Nevertheless, this must be a matter for concern until the source of contamination is finally tracked down and eliminated.

Main Drainage and Sewage Treatment.

No major drainage works were carried out during the year.

The outline proposals for the extensions to the main drainage system of the Borough and for the re-development of the Corporation's Haven Sewage Treatment Works were submitted informally for the consideration of the Ministry of Housing and Local Government. The Ministry indicated during informal discussions that they were generally in agreement with these outline proposals and with the experimental programme of investigations in connection with the re-development of the sewage treatment works.

The following main drainage schemes have since been approved by the Borough Council:—

1. Eastern Sewer (Foul Sewer) Estimated cost £95,000.
2. Northern Relief Sewer (Foul Sewer) Estimated cost £117,000.
3. North East Trunk (Foul Sewer) Estimated Cost £118,000.
4. Porter's Brook Improvement Scheme (Surface water) Estimated cost £156,000.
5. Birch Brook Improvement Scheme (Surface water) Estimated cost £87,000.

The Wivenhoe Urban District Council have agreed to the treatment of the sewage from their district at the Corporation's Sewage Treatment Works. A scheme for a link-up sewer (Wivenhoe Sewer) has been prepared and will be executed by the Corporation, for, and on behalf of the Wivenhoe U.D.C. The estimated cost of this scheme is £37,000.

These schemes, when completed, will cater for the reception of foul sewage for the University of Essex.

The Council has also approved a scheme for improvements to the biological filters at the Sewage Treatment Works at an estimated cost of £17,500. This work is to be carried out in advance of the general re-development in order to improve the "bottleneck" in the existing Works.

The schemes described have been submitted to the Ministry of Housing and Local Government for formal approval and loan sanction.

Experimental work with pilot aeration plants has been undertaken to ascertain the best method of dealing with the treatment of sewage and sludge at the Haven Works. The Water Pollution Research Branch of the Department of Scientific & Industrial Research has been advising on some of the experimental work that is being carried out.

Refuse Collection and Disposal.

No changes took place during the year.

Swimming Baths.

There are three swimming baths in the Borough. Two of these are open-air and one indoor heated. (See Report for 1959 for full details which remain unaltered.)

SANITARY INSPECTION

General Summary of Work carried out by Public Health Inspector's Department under Public Health Acts, Housing Acts, By-laws, etc.

Defects found	..	..	..	..	..	1,150
Defects remedied	..	..	..	..	..	2,320
Factories and Workshops inspected	..	..	..	..	..	355

Housing.

Sinks, Waste Pipes, etc., provided or renewed	..	..	..	..	8
Floors or walls or ceilings repaired	..	..	..	..	172
Doors or windows provided or repaired	..	..	..	..	252
Ovens or firegrates repaired or renewed	..	..	..	..	10
Stairs repaired	..	..	..	..	20
Rooms cleansed	..	..	..	..	89
Roofs repaired (including rain-pipes and gutters)	..	..	..	..	108
Chimneys repaired or renewed	..	..	..	..	19
Damp houses remedied	..	..	..	..	53
Yards paved or repaired	..	..	..	..	8
Other housing repairs	..	..	..	..	15

Drainage.

Repairs and improvements	..	..	..	..	183
Water Closets provided or repaired	..	..	..	..	102
Cesspools : abolished (-), provided (-), repaired (-)	..	..	..	..	—

Other Sanitary Work.

Under Shops Act	..	..	..	..	9
Under Factories Act	..	..	..	..	53
Under Food and Drugs Act	..	..	..	..	159
Houses disinfected	..	..	..	..	3
Clothing and other articles disinfected	..	..	..	..	893
Mains supply provided to existing houses	..	..	..	..	—
Well water sampled	..	..	..	..	15
Dustbins provided	..	..	..	..	5
Re-visits in connection with Sanitary Notices	..	..	..	..	3,811
Offensive accumulations removed	..	..	..	..	—
Pig keeping nuisances abated	..	..	..	..	1
Matters referred to other Departments	..	..	..	..	136
Other nuisances or matters attended to	..	..	..	..	24

FACTORIES ACT, 1937

Prescribed particulars on the administration of the Factories Act, 1937.

PART I OF THE ACT

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	41	16	3	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	324	339	6	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
Total ..	365	355	9	—

2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ..	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient	—	1	—	—	—
(b) unsuitable or defective ..	33	27	—	3	—
(c) not separate for sexes ..	—	1	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total ..	33	29	—	3	—

PART VIII OF THE ACT

OUTWORK

(Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of outworkers in August list required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome places	Notices served	Prosecutions
Wearing } Making, etc.	36	—	—	—	—	—
apparel } Cleaning and washing ..	—	—	—	—	—	—
Household linen	1	—	—	—	—	—
Lace, lace curtains and nets ..	—	—	—	—	—	—
Curtains and furniture hangings ..	3	—	—	—	—	—
Furniture and upholstery	2	—	—	—	—	—
Electro-plate	—	—	—	—	—	—
File making	—	—	—	—	—	—
Brass and brass articles	—	—	—	—	—	—
Fur pulling	—	—	—	—	—	—
Iron and steel cables and chains ..	—	—	—	—	—	—
Iron and steel anchors and grapnels	—	—	—	—	—	—
Cart gear	—	—	—	—	—	—
Locks, latches and keys	—	—	—	—	—	—
Umbrellas, etc.	—	—	—	—	—	—
Artificial flowers	—	—	—	—	—	—
Nets, other than wire nets	—	—	—	—	—	—
Tents	—	—	—	—	—	—
Sacks	—	—	—	—	—	—
Racquet and tennis balls	—	—	—	—	—	—
Paper bags	—	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	—	—	—	—	—	—
Brush making	—	—	—	—	—	—
Pea picking	—	—	—	—	—	—
Feather sorting	—	—	—	—	—	—
Carding, etc., of buttons	—	—	—	—	—	—
Stuffed toys	—	—	—	—	—	—
Basket making	—	—	—	—	—	—
Chocolates and sweetmeats	—	—	—	—	—	—
Cosaques, Christinas crackers, Christmas stockings, etc.	—	—	—	—	—	—
Textile weaving	—	—	—	—	—	—
Lampshades	—	—	—	—	—	—
Total ..	42	—	—	—	—	—

OFFENSIVE TRADES AND KNACKER'S YARD

	Number.	Inspections.
Gut Scraper	1	14
Tallow Melter	1	5
Rag, Bone and Skin Dealer	5	5
Bone Boiler	1	5
Tripe Boiler	1	34
Total	9	63
Horse Slaughterer	1	9

These occupations have been carried out satisfactorily and no complaints have been received.

COMMON LODGING HOUSE

There is one Common Lodging House in the Borough, providing accommodation for 27 lodgers. Inspections have been made on various occasions and cleansing and maintenance have been attended to satisfactorily.

ERADICATION OF BED BUGS

Dwelling Houses Infested—Council 3, Others 10	13
Dwelling Houses Disinfested—Council 3, Others 10	13
Rooms in these—Infested and Disinfested	34

In addition four dwelling houses, were treated for the eradication of fleas.

Disinfestation of dwelling houses is carried out free of charge.

RATS AND MICE

During the year 3,886 inspections and re-inspections were made by the Rodent Operators.

Four hundred and seventy-two complaints of rat infestation were received and dealt with and altogether some 745 premises were cleared.

The public sewers were treated in March and again in October and poison laid in those manholes where takes of pre-bait had been recorded. Fifty-nine manholes were poison baited as a result of the first treatment and sixty-three manholes as a result of the second treatment.

WASPS' NESTS

Ninety-eight wasps' nests were destroyed during the year.

HOUSING

Statistics for the Year 1962.

New Houses completed— 285

New Flats completed— 36

Additional units of accommodation provided by conversions	10
---	----

I.—*Inspection.*

Number of dwelling houses inspected	593
---	-----

Number of dwelling houses found to be unfit for human habitation	13
--	----

Number of dwelling houses found not to be in all respects reasonably fit for human habitation ..	302
--	-----

II.—Number of defective houses rendered fit by Informal Action	283
--	-----

III.—*Action under Statutory Powers.*

A. Under Sects. 9 and 10, Housing Act, 1957—

Number of dwelling houses in respect of which notices were served for repairs	—
---	---

Number rendered fit—

(a) By owners	—
-----------------------	---

(b) By Local Authority in default	—
---	---

B. Under Public Health Acts—

Number of dwelling houses in respect of which notices were served for repairs	19
---	----

Number complied with—

(a) By owners	21
-----------------------	----

(b) By Local Authority in default	—
---	---

C. Proceedings under Sections 16 and 17 of the Housing Act, 1957—

(1) Number of Closing Orders made including undertakings not to re-let given by owners ..	8
(2) Number of dwelling houses in respect of which Demolition Orders were made	5
(3) Number of dwelling houses demolished in pursuance of Demolition Orders	23

D. Proceedings under Section 18 of the Housing Act, 1957 —

Houses on which Closing Orders were in force and subsequently demolished by the owners ..	3
---	---

RENT ACT, 1957

Part I—Applications for Certificates of Disrepair.

Number of applications for certificates	3
Number of decisions not to issue certificates	1
Number of decisions to issue certificates	2
(a) in respect of some but not all defects	Nil
(b) in respect of all defects	2
Number of undertakings given by landlords under paragraph 5 of the First Schedule	Nil
Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	Nil
Number of Certificates issued	2

Part II—Applications for Cancellation of Certificates.

Application by landlords to Local Authority for cancellation of certificates	1
Objections by tenants to cancellation of certificates ..	1
Decisions by Local Authority to cancel in spite of tenants' objection	Nil
Certificates cancelled by Local Authority	Nil

INSPECTION AND SUPERVISION OF FOOD

The number of inspections of food premises and the improvements recorded are shown in the following table :

<i>Premises</i>					<i>Inspections</i>
Slaughterhouses	..	..	..	..	1,018
Bakehouses	..	..	..	..	50
Dairies and Milk Shops		..	..	..	110
Provision Shops	..	..	..	..	257
Fish Shops—Wet	..	..	..	..	36
Fish Shops—Fried	..	..	..	..	39
Butcher's Shops	..	..	..	..	216
Hotels and Restaurants	..	..	..	..	217
Canteens and Hospital Kitchens			..	..	65

Repairs or improvements carried out :

Constant hot water supply provided	..	..	..	..	5
Handbasins or sinks provided	..	..	..	..	9
Walls—Repaired, decorated or cleansed		..	..	..	30
Ceilings—Repaired, decorated or cleansed	..	..	..	..	30
Floors—New, repaired, decorated or cleansed		..	..	..	2
Roofs Repaired	..	..	..	..	3
Water closets—New, repaired or cleansed	..	..	..	..	13
Water closets—" Wash your hands " notices		..	..	..	8
Refuse receptacles provided	..	..	..	..	16
Extract Fans	..	..	..	..	1
Refrigerators	...	..	...	...	6
Nailbrushes	..	..	..	..	2
First Aid Equipment	..	..	..	..	6
Miscellaneous	..	..	..	..	28

SLAUGHTERHOUSES

All animals slaughtered during the year at the four slaughter-houses in the Borough were examined for evidence of disease by the Public Health Inspectors.

Carcases and Offal Inspected and Condemned in whole or in part :

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	5,976	233	437	8,944	7,688	—
Number inspected ..	5,976	233	437	8,944	7,688	—
All diseases except Tuberculosis and Cysticerci :						
Whole carcasses condemned ..	2	—	1	2	14	—
Carcases of which some part or organ was condemned ..	816	50	—	34	233	—
Percentage of the number inspected affected with dis- ease other than tuberculosis and cysticerci	13.69	21.46	0.23	0.40	3.21	—
Tuberculosis only :						
Whole carcasses condemned ..	—	—	—	—	—	—
Carcases of which some part or organ was condemned ..	—	—	—	—	53	—
Percentage of the number inspected affected with tuberculosis ..	—	—	—	—	0.69	—
Cysticercosis :						
Carcases of which some part or organ was condemned ..	2	—	—	—	—	—
Carcases submitted to treatment by refrigeration ..	2	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Parts of Carcasses or Organs Condemned

	Beasts including Cows	Calves	Sheep	Pigs	Total
	lb.	lb.	lb.	lb.	lb.
Parts of Carcasses	123	—	—	989	1,112
Organs	8,863	—	62	635	9,560

In addition to the above, 465 lb. of Imported Beef, 12 lb. of Imported Pork Offal and 40 lb. of Imported Veal were condemned.

The total weight of meat condemned as unfit for human consumption was:

6 tons 9 cwts. 2 qrs. 17 lb.

Unsound meat was collected by a local firm engaged in the manufacture of commercial grease.

Other Food Inspection

<i>Type of Food</i>	<i>Weight in lb.</i>						
Butter	4
Apricots	5
Cheese	19
Flour	9
Bacon	17
Ham	45
Sugar	24
Sausages	18
Jellied Veal	3
Pork Rings	14
Frankfurters	12
Ox Tongue	12
Chickens	18
Onions	206,730
Fish	695
							<u>207,625</u>

The total weight of meat and other foods listed above unfit for human food and condemned was:

99 tons 3 cwts. 1 qr. 22 lb.

In addition the following foods were condemned :

Tinned Milk	..	..	..	..	..	..	425 Tins
Other Tinned Goods	..	..	..	..	..	..	6,265 Tins
Packeted Foods	..	..	..	..	..	..	6,361 Pkts.
Bottled Foods	..	..	..	..	..	..	258 Bots.
Escallops	..	..	..	..	..	..	36
Meat Pies	..	..	..	..	..	..	1

All condemned food other than unsound meat was destroyed by the Cleansing Department.

MILK AND DAIRIES (GENERAL) REGULATIONS, 1959

There are 2 dairies and 71 distributors on the register, and during the year 110 inspections of premises were made.

MILK (SPECIAL DESIGNATION) REGULATIONS, 1960 — LICENCES

To Pasteurise Milk	..	..	..	2
„ sell Pasteurised Milk	..	..	..	35
„ „ Tuberculin Tested Milk	..	..	..	26
„ „ Sterilised Milk	..	..	..	48

Pasteurised and Sterilised Milk

During the year 143 samples of pasteurised milk and 4 samples of sterilised milk were submitted for examination. One of the pasteurised samples failed to pass the Methylene Blue test. The milk from which this sample was obtained was pasteurised outside the Borough. The information was passed to the Public Health Inspector for the area concerned.

LIQUID EGG

Two hundred and twenty-two samples were taken from eggs broken out at a local establishment. Twelve of the samples were found to contain salmonella typhimurium; arrangements were made for the pasteurisation of all liquid egg produced on the days on which these samples were taken.

FOOD AND DRUGS ACT, 1955

Samples	No. of Samples	Samples below Standard	Nature of Deficiency
Milk	70		
Fresh Cream	3		
Cream, Canned	2		
Butter	5		
Margarine	3		
Lard	1		
Currants	2		
Sultanas	2		
Raisins	1		
Mixed Dried Fruit	1		
Mixed Fruit (Cake)	1		
Mincemeat	1		
Ground Almonds	3		
Marzipan	3		
Jelly	1		
Glace Cherries	1		
Jam	4	1	See Observations
Marmalade	1		
Lemon Curd	1		
Ice Cream	8		
Ready Mix Ice Cream, canned	1		
Flour	2		
Rice Pudding, canned	1		
Peas, canned	1		
Mayonnaise	1		
Salad Dressing	1		
Tomato Ketchup	1		
Soup	2		
Vinegar	1		
Rum Sauce	1		
Steak, canned	1		
Steak and Kidney Pudding	1		
Venison Steak	1	1	See Observations
Minced Chicken	1		
Ham and Tongue, canned	1		
Salmon Spread	1		
Gelatine	2		
Pepper	1		
Cinnamon	1		
Nutmeg	1		
Junior Aspirin	2		
Coffee	1		
Blackcurrant Drink	1		
Butter Toffees	1		
Milk Chocolate	2		
Chocolate Bun	1	1	See Legal Proceedings
Hazel Nut Whirl	1		
Cream Meringues	1		
Cream Doughnuts	1		
	148	3	

OBSERVATIONS

Raspberry Jam — This was a sample of home made raspberry jam found to be deficient in soluble solids to the extent of not less than 4% of the amount which should have been present. The matter was taken up with the manufacturer.

Canned Venison — A sample of canned venison was found to contain only 34% of meat. The matter was taken up with the manufacturers and an error in the labelling was admitted.

LEGAL PROCEEDINGS

Proceedings were taken in the undermentioned cases:—

Nature of Contravention	Result of Proceedings
Sale of Custard Pies affected with mould	Fined £5
Sale of Chocolate Bun containing tobacco	Fined £25
Sale of Swiss Roll affected with mould	Fined £5
Sale of Pork Pies affected with mould	Fined £30
Sale of Cornish Pasties affected with mould	Conditional Discharge

Ice Cream (Heat Treatment, etc.) Regulations

Visits to premises where ice cream is manufactured or sold	188
Samples taken	38
Results of samples—Grade I	32
Grade II	5
Grade III	1
Grade IV	—

There are no ice cream manufacturers in the Borough.

DELEGATED FUNCTIONS

General

The work of the delegated health and welfare services is now settling down. One aspect of it is still causing me some concern, namely the clerical and administrative staff. Originally, expecting that delegation of education would swiftly follow health and welfare, I felt that it would be best to defer any question of staff reorganisation and augmentation until we could deal comprehensively with the school health service staff as well as that of the other branches. Unfortunately, negotiations have been prolonged and we shall not take over school health work till October, 1963, which means that the proposed staff review cannot well become operative until at any rate early in 1964. Meanwhile the existing staff have continued to accept overloading without complaining and though the administrative work has sometimes taken rather longer than one would have liked it has been done and done well. I hope that the willingness of the staff to work under strain up to now will not be taken as implying that they can all go on overworking indefinitely !

The Physically Handicapped

The number of persons on the register of the physically handicapped has risen again during the year, being 129 at the end of 1962 as against 75 when the Borough took over the work in April, 1961. I take this as evidence that intensive work is bringing to light more cases rather than that the absolute number of handicapped people is rising. If I am right, the total should soon begin to level off; my forecast would be that it will fairly soon reach the 150 mark but after that rise only slowly. Even so, the case-load is quite beyond the powers of a part-time social worker and I am glad to hear that Mr. Hunter will shortly be allocated whole-time to duties within the Borough.

A centre for the physically handicapped was included in the Welfare Services Development Plan in the hope that it might be provided as a matter of some urgency. As in other fields, however, our hopes have been delayed by difficulty in finding a suitable site. The intention is that it should serve not only Colchester residents but handicapped people living in the surrounding area who could conveniently travel to and fro. This makes it highly desirable to have a site near the town centre, so that those attending can make maximum use of public transport. The ideal place would be close to the new central clinic and indeed there is land there which is not at present built upon and which is not finally committed to any specific purpose in the development plan. It will, however, be required for educational purposes for a few years and we may have to consider providing a temporary centre in a less convenient place in spite of the attendant disadvantages.

Maternal and Child Health

As I have commented elsewhere, the number of births in the Borough has surpassed the record figure reached in 1961 and all the indications are that the trend will continue. For a wide variety of medical and social reasons it is desirable that a good many mothers should have their babies in hospital, but the number of beds available in the Colchester Maternity Hospital is quite inadequate to meet the present demand and not even the generous help of the Military Hospital in accepting some civilian patients has made it possible to bridge the gap. The Regional Hospital Board proposes to make an enlarged maternity unit the first stage of the new District Hospital, but we may well have to wait six or eight years before this is available. It will undoubtedly be necessary to consider doing in Colchester what is already being done in some other places and discharging a number of selected patients from the maternity hospital after a shorter stay than is at present the custom.

Such a scheme can work provided that the patients are carefully selected and provided also that after discharge they can have the care of a midwife and, where necessary, the services of a home help. I have no doubt that co-operation between the health department and the medical staff of the maternity hospital will satisfactorily handle the selection, but our present staff of district midwives is already reaching the limit of its load and cannot handle much more. I am not optimistic about recruiting more midwives for general work, but I think it likely that there may be some retired midwives whose circumstances will not allow them to return to the irregular hours and emergency calls of deliveries on the district but who might be ready to accept part-time work between, say, 9 a.m. and 5 p.m. in serving as maternity nurses for these early-discharge patients. I consider that this possibility might well be explored.

Our two day nurseries continue to do valuable work. The number of children on the register has declined a little during the year, but with less infectious disease about the number of attendances has markedly increased. In 1961 the number of attendances per child at Sheepen Road was 121 and at Brook Street 155; in 1962 the corresponding figures are 208 and 219 respectively. The majority of children attending are in the nurseries because their mothers are at work but a number are admitted on health grounds because overcrowding, bad housing and various domestic problems make it desirable in their interests that they should receive nursery care. As an experiment we have admitted one or two handicapped pre-school children, to the benefit of both child and mother; I should like to do more in this way in the future.

Domestic Help and Night Attendance Services

The number of cases receiving domestic help at 31st December, 1962 was 419 as against 434 at 31st December, 1961. The number of hours of help provided, 116,113 for the whole of 1962 as against 90,057 for nine months of 1961, showed a proportionate decline.

I doubt, however, whether this service has yet reached its peak. By far the greatest amount of help is given to elderly infirm or chronic sick people and as medicine increases the average life-span more and more people will reach the age at which help is needed and the longer they live the more infirm and in need of help they will become.

From the purely economic point of view, the money which the ratepayer spends on this service saves a considerably greater sum which the taxpayer would otherwise have to spend on hospital provision. I hope, however, that we are able to think beyond money values and accept that the domestic help service, by enabling old people to retain their independence a little longer, gives them some happiness which cannot be valued in cash.

The night attendance service provided 4,353 hours of attendance for 47 cases, as compared with 2,985 hours for 32 cases in the nine months of delegation in 1961. This is an emergency service with two purposes. It helps a household during the days of stress while someone who has been taken ill is awaiting admission to hospital, and when a family is under strain because of the need to care day and night for a chronic invalid it enables weary relatives to have an occasional rest. It will never expand greatly but it remains immensely valuable to a small group of needy people.

STAFF

Delegated Health and Welfare Services BOROUGH OF COLCHESTER, 1962

1. Medical Officer of Health:
Dr. J. D. KERSHAW (Part Time)
2. Medical Officers:
Dr. R. E. BARRETT (Part-Time)
Dr. A. B. CLARK (Part-Time)
Dr. H. M. HARKNESS (Sessional)
Dr. G. HUGH-JONES (Sessional)
Dr. S. MACMILLAN (Sessional)
Dr. E. G. WILSON (Sessional)
3. Area Dental Officer
Mr. E. T. CLARK (from 12.2.62) (Whole-time)
4. Dental Officers
Mr. B. BENJAMIN (Sessional)
Mr. J. F. GODFREY (Part-Time)
Mr. S. G. WATSON (Sessional)
5. Administrative Staff:
 - (i) Chief Administrative Assistant:
Mr. H. T. PERCIVAL (Part-Time)
 - (ii) Administrative Assistants:
G. F. DUDLEY
D. R. FELGATE
B. C. BLOOMFIELD
Miss M. A. SHEPHERD
M. J. LAST
} (Part-Time)
 - (iii) Clerical Assistants:
Miss A. M. PARSONS
Mrs. M. WORRICKER
} (Part-Time)
 - (iv) Clerks:
1 Whole-Time Clerk (Welfare)
12 Part-Time Clerks
6. Superintendent Health Visitor:
Miss I. B. KNIGHT (Part-Time)

7. Non-Medical Supervisor of Midwives and Superintendent of Home Nurses:
Miss I. E. NICE (Part-Time)
8. Mental Welfare Officer:
Mr. I. T. HAZELL (Whole-Time)
9. Visitor for the Blind:
Miss C. M. BUTLER-KEARNEY (Whole-Time)
10. Visitor for the Physically Handicapped
Mr. W. G. HUNTER (Part-Time)
11. Matrons—Day Nurseries:
Miss E. M. CHAPMAN (Sheepen Rd. Day Nursery)
Mrs. E. A. SINGLETON (Brook St. Day Nursery)
12. Domestic Help Organiser:
Miss K. P. O'CALLAGHAN
13. Chiropodists:
Mrs. W. M. HAMILTON-CARLING (Whole-Time to 12-1-62)
Miss M. A. DALY (Sessional – from April 1962)
Mr. A. R. RUDD (Whole-Time from June 1962)
14. Health Visiting and Clinic Nursing Staff:
9 Health Visitors (Part-Time)
5 Clinic Nurses (Part-Time)
1 Tuberculosis Visitor (Whole-Time)
15. Midwifery and Home Nursing Staff:
1 District Midwife
7 Female Home Nurses
6 District Nurse Midwives
2 Male Home Nurses } (Whole-Time)

BOROUGH OF COLCHESTER DELEGATED HEALTH SERVICES

STATISTICS RELATING TO VARIOUS HEALTH SERVICES UNDER THE CONTROL OF THE HEALTH COMMITTEE

Births and Baby Deaths:

Number of live births notified..	..	..	..	1272
Number of still births notified	..	..	..	14
Number of baby deaths notified (under 1 year)	..			26

Home Nursing and Midwifery:

Number of midwifery and maternity cases attended	340
Visits to these cases	11,101
Visits to other nursing cases	28,427

Child Welfare Clinics:

Number of sessions held	619
Number of children under 1 year first attending ..	1022
Number of attendances made by children	19,185

Diphtheria Immunisation only:

Number of children who completed course of immunisation	159
Number of children given a boosting dose	212

Diphtheria/Pertussis/Tetanus (Triple Immunisation):

Number of children who completed primary course	690
Number of children who received a reinforcing dose	192

Diphtheria/Tetanus Immunisation:

Number of children who completed primary course	166
Number of children who received a reinforcing dose	223

Tetanus Immunisation only:

Number of children who completed primary course	204
Number of children who received a reinforcing dose	104

Whooping Cough Immunisation only (Pertussis Vaccine:

Number of children who completed course of immunisation	117
Number of children who received a reinforcing injection	28

Home Visits (Health Visitors)

Total visits	14,387
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Gas and Air Analgesia

Analgesics administered by County Council Midwives	270
Number of sets of apparatus in use	6

Antenatal and Postnatal Clinics:

Number of sessions	149
Antenatal cases first attending	397
Postnatal cases first attending	13
Attendances by Antenatal patients	1,657
Attendances by Postnatal patients	13

WELFARE OF THE PHYSICALLY HANDICAPPED REGISTER

Category of Case:	Cases		
	1:4:61	31:12:61	31:12:62
Amputees	3	5	8
Arthritis	10	17	28
Congenital malformations	1	1	2
Heart and circulatory system	4	9	18
Digestive and genito urinary system	1	1	1
Respiratory system	2	2	3
Skin diseases	1	1	1
Injuries of body and head	1	1	1
Injuries of limbs and spine	11	11	11
Ankylosing spondylitis	2	3	3
Epileptics	2	3	3
Plegics	5	9	10
Spastics	4	4	4
Sclerosis	18	16	15
Muscular dystrophy	2	3	4
Parkinson's disease	1	3	4
Poliomyelitis	4	4	5
Nervous and mental disorders	2	3	4
Diseases and injuries not specified above	1	2	4
TOTAL	75	98	129

WELFARE OF THE BLIND — REGISTER

Category of Case:	Cases		
	1:4:61	31:12:61	31:12:62
Blind	159	153	165
Partially Sighted	48	53	56
Defective Vision	15	18	21
TOTALS	222	224	242

DOMESTIC HELP SERVICE

Cases being helped at 31st December, 1961	434
New Cases helped in 1962	259
Cases being helped at 31st December, 1962	419
Hours of help provided	116,113

NIGHT ATTENDANCE SERVICE

Cases being attended at 31st December, 1961	..	..	1
New Cases attended 1962	..	..	47
Cases being helped at 31st December, 1962	..	..	1
Hours of attendance provided	..	..	4,353

Vaccination against Smallpox:

Number of persons successfully vaccinated	..	4,313
Number of persons re-vaccinated	.. ..	5,042

Vaccination against Poliomyelitis:

Number of persons receiving primary course	..	1,220
Number of persons receiving reinforcing dose	..	4,262

Free Milk for T.B. Patients:

New Cases	.. ..	5
Total cases receiving milk at end of year	.. ..	128

Sheepen Road Day Nursery:

Number of children on books at end of year	..	55
Total attendances	.. ..	11,463

Brook Street Day Nursery:

Number of children on books at end of year	..	44
Total attendances	.. ..	9,534

Chiropody Service:

Treatments given at home	795
Treatments given at clinics	1,057

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